

# FACS New Teacher Inservice

September 22-23, 2009

4-H Center

#1 Four-H Way

Little Rock, AR 72223

1-888-821-2544

**For new teachers who have taught 0-3 years, and returning teacher who have been back 0-3 years.**

Teacher's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip

School Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Teacher:

I wish to attend this inservice. I am either a new teacher who has taught 3 years or less, or I am a returning teacher who has been back in the classroom 3 years or less.

\_\_\_\_\_  
Teacher's Signature Number of years taught

## Superintendent:

I give my consent for this teacher to attend this inservice and to support the travel, registration, and other expenses.

\_\_\_\_\_  
Superintendent's Signature

**Deadline for Registration Sept. 4, 2009 (Postmarked)**

**No refund after this date.**

To complete the registration, you must mail this form along with a check or purchase order for \$200 to the FACS State Office. Registration does not cover lodging. If you have questions please call 501-682-1115.

**Registration Fee: \$200**

**Method of Payment:** ☐ Enclosed School Check # \_\_\_\_\_ ☐ Enclosed Personal Check # \_\_\_\_\_  
☐ Purchase Order # \_\_\_\_\_ Organization Issuing PO: \_\_\_\_\_

**Make Checks or Purchase Orders**

**PAYABLE TO:  
MAILED TO:**

**AATFACS / FACS Inservice**  
Suellen Ward, FACS Program Manager  
#3 Capitol Mall Room 600  
Luther S. Hardin Building  
Little Rock, AR 72201

**Registration forms with PO# may be**

**FAXED TO:**

501-682-9440